

Kids' Chance of Kentucky, Inc.

Eligibility & Application Procedures

MISSION

The mission of Kids' Chance of Kentucky, Inc. is to provide educational scholarships to the children of Kentucky workers who have been seriously, catastrophically or fatally injured in work related accidents.

WHO CAN APPLY?

To qualify, the scholarship recipient must be the child of a worker who has been seriously, catastrophically or fatally injured in a work related accident.

CRITERIA

1. The applicant must be the natural, adopted, step-child or full dependent of a worker killed or permanently injured in a compensable work-related accident during the course and scope of employment with a Kentucky based employer and entitled to receive benefits under the Kentucky Workers' Compensation Act.
2. The applicant must be between the ages of 16 and 25 at the time of the application.
3. The applicant must demonstrate substantial financial need.
4. Academic achievement, aptitude and community service of the applicant are considered.

FILING DEADLINE

The time period for submitting completed applications and all supporting documents is as follows:

April 15 for Fall & Spring Semester Scholarship
October 30 for Spring Semester Scholarship

Applications and supporting information will not be accepted after these dates.

Send Applications and Supporting Documents To:

**KIDS' CHANCE OF KENTUCKY
Scholarship Committee
P. O. Box 910234
Lexington, KY 40591**

Kids' Chance of Kentucky Scholarship Application

Academic Year Applying For _____

1. _____
First Name M.I.

Last Name

2. _____
Address Apartment #

City State Zip

3. (_____) _____
Home Phone Number
(_____) _____
Other Phone Number

4. _____
Date of Birth Social Security Number

5. _____
Father's Name

Mother's Name

6. _____
Number of family members living at home
dependent on the injured or deceased parent

How many of these are minor children

7. _____
Name of high school applicant attends/ed

Address of high school applicant attends/ed

8. ***If you are currently in college:***

Name of College

Address of College

Major Field of Study, if known/declared

9. ***If you are currently in high school and you have been accepted for college admission, please name the school(s):***

10. If you have **NOT** been accepted for college admission name the colleges you have applied to:

11. Other types of scholarships or financial aid you have applied for:

12. Have you been awarded any other scholarships or financial aid? ☐ yes ☐ no

If so, please identify and state the amount of each:

13. How did you learn about Kids' Chance of Kentucky?

14. _____
Name of injured or deceased parent

Social Security No. Date of Injury/Death

Name of Employer at time of injury

Address/phone number of employer

Name/phone number of current employer
(if applicable)

Financial Affidavit of Family of Applicant Residing in Same Household

* Applicants May Substitute The Free Application For Federal Student Aid (FAFSA) For Information Requested Below

FAMILY INCOME (Averaged on a monthly basis):

1. Workers' Compensation Payment \$ _____
2. Disability Insurance _____
3. Other Insurance Payments _____
4. Current Income of Spouse of Injured or Deceased Employee _____
5. Additional Income of other Dependents of Injured or Deceased
Employee Residing in Same Household with Applicant _____
6. Student Applicant's Income _____
7. Income and Names of other family members living at home

8. Financial assistance from any state or federal agency
Name of Agency: _____

9. All other sources of Income _____
- TOTAL MONTHLY INCOME:** \$ _____

FAMILY EXPENSES (Averaged on a Monthly Basis):

1. Rent, House Payment \$ _____
2. Food _____
3. Clothing/Incidentals _____
4. Medical/Dental Bills not covered by Workers' Compensation _____
5. Car Payments _____
6. Utilities (Gas, Electric, Water & Phone) _____
7. Insurance (Health, Home & Auto) _____
8. Other Payments _____
- TOTAL MONTHLY EXPENSES:** \$ _____

FAMILY ASSETS:

1. Cash on Hand/Banks \$ _____
2. Stocks, Bonds, Notes _____
3. Real Estate _____
4. Autos _____
5. Other Property/Assets _____
- TOTAL ASSETS** \$ _____

LIABILITIES OF FAMILY:

1. Real Estate Mortgage \$ _____
2. Auto Loans _____
3. Other Bank Notes/Loans _____
4. Other Bills Including
Credit Cards _____
- TOTAL LIABILITIES** \$ _____

Additional Documents Required

- | | |
|--|--|
| <input type="checkbox"/> Official High School Transcript of Grades and College/Technical School Transcripts (if attended) | <input type="checkbox"/> Current Medical Reports and First Report of Injury of Parent |
| <input type="checkbox"/> Financial Aid Information from College or Technical School (If applicable) | <input type="checkbox"/> Current Rehabilitation Reports on Injured Parent |
| <input type="checkbox"/> Letter(s) of Recommendation (at least one must be from a teacher or guidance counselor) | <input type="checkbox"/> Death Certificate of Parent (if applicable) |
| <input type="checkbox"/> Personal Narrative (not to exceed two pages): Tell us about you and your family. What are your interests outside of school including community and volunteer services. What are your career plans and goals. Tell us any other circumstances you feel that Kids' Chance should know in reviewing your scholarship request. | <input type="checkbox"/> Brief Description of Accident |

For Applicants Currently Attending High School This Information Shall Be Completed By The High School Guidance Office

Cumulative GPA _____

Signature of Guidance Counselor

Date

I hereby apply for a scholarship from Kids' Chance of Kentucky, Inc. I hereby consent for Kids' Chance of Kentucky, Inc. to verify the contents of this application. I agree to provide a copy of each quarter's (or semester's) grades to Kids' Chance of Kentucky, Inc. It is fully understood that compliance in this matter is necessary for funds to be paid on a regular basis.

I certify that the information provided in this application is true and correct to the best of my knowledge and belief. I agree to allow my name and picture to be used in Kids' Chance of Kentucky promotional materials, if I am awarded a scholarship.

I hereby consent for Kids' Chance of Kentucky, Inc., its agents, employees, or designees to contact and verify any information contained in this application by contact with any individual, government, educational institution, or other entity.

Applicant's Signature

Date

Parent / Legal Guardian

Date